

**ROANOKE PUBLIC LIBRARIES
LIBRARY FACILITY USE APPLICATION**

Application must be completed by a responsible official of an organization desiring use of a library facility. Following approval, future reservations should be made by contacting specific library locations.

NAME OF ORGANIZATION_____

NAME OF CONTACT PERSON(S)_____PHONE_____

ADDRESS_____

Street

City

State

Zip

PURPOSE AND NATURE OF ORGANIZATION

___Civic ___Charitable ___Cultural ___Educational ___Intellectual

___Other (specify)_____

BASE OF ORGANIZATION

___City ___Chapter, Branch or Affiliate of State, Regional, or National Group

___Other (specify)_____

REASON FOR MEETING

___Business ___Organizational ___Planning ___Program ___Other (specify)_____

I have read and understand the Roanoke Public Libraries Facility Use Policy, a copy of which was given to me with this application.

I guarantee in the name of my organization, _____

1. I will abide by the Library Facility Use Policy.
2. I will assume responsibility for any damage to the library building, equipment, or contents thereof resulting from my organization's use of a library facility.
3. My organization is nonprofit and meets for civic, charitable, cultural, educational, or intellectual purposes.
4. My organization will not meet for any unlawful purpose.
5. My organization does agree to defend, indemnify, and save the city of Roanoke, its officers, agents, and employees, harmless from the claims of all parties for damage or loss by reason of personal injury or property damage or loss in any manner arising as result of or by reason of the use of such facilities by the applicant. We further agree to reimburse the city of Roanoke for any damage done to property or facilities owned by the city as a result of or arising out of the use of such properties and facilities by the applicant.

SPECIAL CONDITIONS_____

Signature of Responsible Official

Witness

Date

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NAME OF ORGANIZATION _____

MEETING ROOM DESIRED:

<input type="checkbox"/> Auditorium(Main) Capacity 80	<input type="checkbox"/> Brody Room(Main) Capacity 35	<input type="checkbox"/> Conference Room(Main) Capacity 10
<input type="checkbox"/> Computer Lab(Main) Capacity 11	<input type="checkbox"/> Gainsboro Branch Capacity 50	<input type="checkbox"/> Melrose Branch Mtg. Rm. Capacity 50
<input type="checkbox"/> Raleigh Court Branch Capacity 40	<input type="checkbox"/> Williamson Road Branch Capacity 45	<input type="checkbox"/> Melrose Branch Conf. Rm. Capacity 6

DATE(S) DESIRED _____

TIME(S) DESIRED From _____ To _____ EXPECTED ATTENDANCE _____

EQUIPMENT REQUESTED _____

FOOD AND/OR DRINK? ☐ No ☐ Yes If Yes, specify _____

MAY THE LIBRARY GIVE YOUR CONTACT INFORMATION TO THE PUBLIC? ☐ Yes ☐ No

SPECIAL ARRANGEMENTS _____

Please return this form to any city library or mail to: Director of Libraries
Roanoke Public Libraries
706 S. Jefferson Street
Roanoke, VA 2401

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FOR LIBRARY USE ONLY

Application approved/rejected _____
Signature Date

If rejected, reason _____

Applicant notified _____ by _____ by mail / phone (circle one)
Date Staff initials

Notes _____
